

**New Jersey Department of Health and Senior Services
Nursing Home Administrators Licensing Board**

APPLICATION FOR NURSING HOME ADMINISTRATOR LICENSE

Mailing Address:
PO Box 367
Trenton, NJ 08625-0367

Overnight Services (UPS, FedEx, Airborne):
120 South Stockton Street, Lower Level
Trenton, NJ 08611-1730

INSTRUCTIONS: Complete as much information as possible on the form itself, then attach additional sheets as necessary and number the response(s) corresponding to the numbers listed on this form. Please print or type.

1. Name and Address of Applicant		2. Social Security No.
		3. Date of Birth
		4. Place of Birth
5. Telephone Number Home: () Work: ()	6. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Date of Naturalization
8. Have you ever been convicted of a crime or offense (other than traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain:		
9. PROFESSIONAL EXPERIENCE - Start with present or most recent position and work back.		
A. Name and Address of Employer, Firm or Organization	B. Title of Position	
	C. Dates of Employment From: To:	D. Hours Worked Per Week
E. Description of Duties		

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Name of Applicant				Social Security No.		
10. EDUCATION <i>List colleges, universities and professional schools you have attended. Attach copies of all transcripts.</i>						
Name and Location of School	Dates Attended	Graduated	Major Area of Study	Minor Area of Study	Diploma/ Degree	
	From:	<input type="checkbox"/> Yes				
	To:	<input type="checkbox"/> No				
	From:	<input type="checkbox"/> Yes				
	To:	<input type="checkbox"/> No				
	From:	<input type="checkbox"/> Yes				
	To:	<input type="checkbox"/> No				
11. PROFESSIONAL CERTIFICATES AND/OR LICENSES HELD <i>Include such items as Licensed Nursing Home Administrator, MD, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each license you hold or have ever held.</i>						
Type of Certificate or License	Name of State	Year of Original Issue	Year of Latest Issue	Exp. Date of Current Cert. or License	Current/Latest Reg. Number	Action Taken Against This License?
						<input type="checkbox"/> Yes
						<input type="checkbox"/> No
						<input type="checkbox"/> Yes
						<input type="checkbox"/> No
						<input type="checkbox"/> Yes
						<input type="checkbox"/> No
12. Explanation of action taken against license:						
13. The items described below must accompany this application. a. If you are currently employed in a health care facility, name of the facility and the current license number of the facility. b. Organization chart for the administrative body of the facility (if requesting credit for administrative experience). c. Current job description. d. Three (3) letters of reference from individuals, not related to you, who will attest to your good moral character and administrative ability. e. Official college transcript.						
14. FEE INFORMATION APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE FEE OF \$100. MAKE CHECK OR MONEY ORDER PAYABLE TO: NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES						
CHECK/MONEY ORDER NUMBER		DATE OF CHECK/MONEY ORDER			AMOUNT OF FEE ENCLOSED	
15. CERTIFICATION						
State of _____ ss: County of _____ I affirm that I am the applicant and that I have examined the contents of this application and the accompanying documents and that the statements in this application and the accompanying documents are true and correct to the best of my information and knowledge. Signature _____ Subscribed and sworn to before me this _____ day of _____, A.D. 20_____ At _____ My commission expires _____ _____ Signature of Officer Administering Oath						

NOTE: All documents become the property of this Department and will not be returned to the applicant.

Distribution: Original - NJDHSS Copy - Applicant